DME/HME and Medical Supplies

HP Provider Relations/October 2015
Agenda

- Managed care considerations
- Provider enrollment: DME
- Verifying member eligibility
- Benefit plans and delivery systems
- DME services and classification
- Manual pricing
- Code Sets and Fee Schedules
- Prior authorization
- Medical supplies
- Common Error Codes
- Other DME Services
- Find Help
Managed Care Considerations
• For members enrolled in:
  o Hoosier Healthwise Risk-Based Managed Care (RBMC)
  o HIP
  o Hoosier Care Connect

• Providers must contact the managed care entity (MCE) for more specific guidelines regarding their specific policies and prior authorization procedures:
  o Anthem
  o MDwise
  o MHS
Provider Enrollment: Durable Medical Equipment (DME)
• Provider type 25 - provider specialty 250
• Enrolled as “billing” providers only
• To add home medical equipment (HME) specialty (251), provider must submit copy of HME license
• Copy of retail merchant’s certificate
• Patient Protection Affordable Care Act (PPACA) risk level is high; application fee required
Verifying Member Eligibility
• Providers should always verify eligibility before providing service to determine:
  o Whether patient is eligible on date of service
  o Benefit plan
  o Delivery system
  o MCE
  o Other payers
  o Whether benefit limits are reached
• Other reasons?
Web interChange Eligibility Inquiry

Member is Eligible from 06/02/2015 to 06/02/2015 for HIP PLUS

Inquiry completed at 1:28:57 PM on 6/2/2015

Member Name
Address

Date of Birth
Spenddown/HCBS Waiver Liability No
Medicare No
Nursing Home Resident No
Restricted No
QMB No
Other Private Insurance No
Supplies Total Spent $0.00

Medicare Number
Patient Liability

Member ID
# Web interChange Eligibility Inquiry

## Managed Care Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Managed Care</td>
<td>Healthy Indiana Plan from 06/02/2015 to 06/02/2015</td>
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<td>Phone</td>
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<tr>
<td>Managed Care Entity Name</td>
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## Member is restricted to

None

## Third Party Carrier Information

None

## County Information

None

## Benefit Limits Reached For Inquiring Provider Type

None
Benefit Plans and Delivery Systems
Benefit Plans

- Package A - Standard plan
- Package C - Children’s Health Insurance Program (CHIP)
- Package E - Emergency services only
- Package P - Pregnancy prenatal care
- Family planning
- Healthy Indiana Plan
- Presumptive eligibility (PE)
- Medicare coinsurance and deductible only (QMB only)
- 590 program
- Which of these covers DME/HME services?
Delivery Systems

- Traditional fee-for-service (FFS) Medicaid
- Hoosier Healthwise RBMC
- Healthy Indiana Plan
- Hoosier Care Connect
- Presumptive Eligibility

With whom do you file claims for each system?
### Web interChange Benefit Limits Reached

<table>
<thead>
<tr>
<th>Benefit limit reached description</th>
<th>Error code</th>
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<tr>
<td>DME limited to $2,000 per calendar year</td>
<td>6113</td>
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<tr>
<td>DME limited to $5,000 per lifetime</td>
<td>6114</td>
</tr>
<tr>
<td>DME (Incontinence) supplies limited to $1,950 per rolling year</td>
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DME Services and Classification
Description of Services - DME

- DME is equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, and generally is not useful to a recipient in absence of illness or injury
- All DME must be ordered in writing by a physician
- Written order must be kept on file by physician and rendering provider
- Items include but are not limited to the following:
  - Hospital beds
  - Wheelchairs
  - Iron lungs
  - Respirators
  - Oxygen tents
  - Commodes
  - Traction equipment
DME Classification Codes

• Capped rental items
• Inexpensive or other routinely purchased items
• Items requiring frequent or substantial servicing
• Customized items
• Prosthetic and orthotic devices
• Oxygen and oxygen equipment
Capped Rental Items

- Certain procedure codes are limited to 15 months of continuous rental
- Continuous rental: rental without interruption for a period of more than 60 days
- If interruption period exceeds 60 days, and the interruption reasons are justified, a new PA request must be submitted to begin a new 15-month rental period
  - Justification could be change in medical necessity, hospitalization, or nursing facility stay
- A change in provider does not cause an interruption in rental period
- **Chapter 8** of the IHCP Provider Manual contains a list of procedure codes subject to 15-month capped rental period
- Capped rental items are subject to prior authorization
Inexpensive or Other Routinely Purchased Items

- Defined as equipment whose purchase price does not exceed $150, or equipment that is acquired at least 75 percent of time by purchase
- Equipment in this category may be purchased or rented
- Purchases are reimbursed in lump sums, minus any previous rental payments
- If equipment is rented, IHCP will allow monthly rental payments until rental price equals purchase price
Items Requiring Frequent or Substantial Servicing

- For items requiring frequent or substantial servicing, IHCP reimburses providers for rental payments only, as long as equipment is deemed medically necessary.
- Claims for the purchase of these items are denied.
- Repair of rental items is responsibility of rental provider.
  - E0450 - *Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (for example, tracheostomy tube)*
  - E0460 - *Negative pressure ventilator, portable or stationary*
  - E0461 - *Volume control ventilator, without pressure support mode, may include pressure control mode, used with noninvasive interface (for example, mask)*
  - E0500 - *IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source*
  - E0575 - *Nebulizer, ultrasonic, large volume*
  - E0935 - *Continuous passive motion exercise device for use on knee only*
Customized Items

- Custom equipment: equipment uniquely constructed or substantially modified to meet specific needs of an individual patient, according to description and orders of member’s treating physician.

- Due to their unique aspects, these items cannot be grouped with similar items for purposes of payment.

- Suppliers must submit documentation of cost of item, including cost of labor and types of materials used in customizing item.

- Customized items must be billed using HCPCS code E1399.

- HCPCS code E1399 for customized equipment requires PA.
Prosthetic and Orthotic Devices

- All prosthetic and orthotic devices billed under HCPCS L codes are paid in lump sum amounts and may not be rented
- Prosthetic and orthotic devices billed with HCPCS L codes require PA
- All PA reviews based upon medical necessity
Oxygen and Oxygen Equipment

- IHCP reimburses liquid and gaseous oxygen systems as rental-only items, subject to PA
- Reimbursement for oxygen contents is included in reimbursement of oxygen system and is not separately reimbursable for rented systems
- Oxygen contents are separately reimbursable when a third party has purchased an oxygen system, or IHCP or third party has rented or purchased a portable oxygen system
- Accessories, including but not limited to cannulas, masks, and tubing, are also included in allowance for rented systems and are not separately reimbursable unless used with a purchased system
Manual Pricing
Manually Priced Items

- Reimbursement for many DME services and supplies, including those that are billed with a non-specific HCPCS code with a description such as unspecified, unclassified, or miscellaneous is based on manual pricing.
- Manually priced HCPCS codes are reimbursed at 75% of manufacturer’s suggested retail price (MSRP).
Manually Priced Items

- Manufacturer’s retail invoice or suggested retail price (MSRP) is required as acceptable documentation:
  - Manufacturer’s invoice showing MSRP, suggested retail price, or retail price
  - Quote from manufacturer showing MSRP, suggested retail price, or retail price
  - Manufacturer’s catalog page showing MSRP, suggested retail price, or retail price (publication date of catalog must clearly show on documentation)
  - MSRP pricing from manufacturer’s website (manufacturer’s web address must be visible on printed documentation from its website)
Manually Priced Items

- Documentation submitted with each claim may be monitored or subject to a post-payment review
- MSRP documentation provided from manufacturer *must* match manufacturer’s cost invoice during a post-payment review
- Manually priced DME, medical supply, and hearing aid procedure codes will continue to be reimbursed at 75% of MSRP
- Codes without an MSRP will be reimbursed at provider’s cost plus 20%
- For additional details, refer to provider bulletin *BT201213*
Manufacturer’s Suggested Retail Price

MSRP documentation must include:

• Manufacturer’s name clearly visible on header of documentation
• MSRP pricing (for example, MSRP/Retail) typed from manufacturer
  o No handwritten notes or pricing will be accepted
• Description of item
• Specific HCPCS code
• Date must be within one year of date of service
# Approved MSRP Documentation – Invoice

![Manufacturer's Logo]

<table>
<thead>
<tr>
<th>Date</th>
<th>Descriptions</th>
<th>Manufacturer’s suggested retail price</th>
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<td></td>
<td>SOLID SEATS</td>
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<tr>
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<tr>
<td></td>
<td>EE1</td>
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<tr>
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<td>EE1-NO HARDWARE</td>
<td>SEAT ECONO EZE w/ADJUSTABLE HARDWARE - PACKAGE</td>
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<td>EE1-MICRO</td>
<td>SEAT ECONO EZE -MICRO - ONLY</td>
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<td>EASY CLAMP 1</td>
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<tr>
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<td>EZ LITE1</td>
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<td></td>
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<td>SNAP-LOCK1</td>
<td>SEAT w/2 SNAPLOCKS, 2 - 30° CLAMPS/HINGE</td>
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<td></td>
<td>LOCK DH1</td>
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<td>ROTATE 1</td>
<td>SEAT w/ROUNDT CLAMPS FRON</td>
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**Approved MSRP Documentation – Quote**

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**Items Subtotal:** (0.00)  
**Final amount:** $948.27

**Header Information**
- **Purchase Order No.** QUOTE
- **Purchase Order Date:** 01/03/2012
- **Gross Weight:** 77.522 LB
- **Net Weight:** 77.248 LB
- **Volume:** 17.328 FT³
- **Terms of payment:** Within 15 days 1.000 % cash discount
- **Terms of Delivery:** FOB PLANT

**Quotation Details**
- **Quotation No.:**
- **Document Date:** 01/03/2012
- **Customer No.:**
- **Currency:** USD
- **Validity Start Date:** 01/03/2012
- **Validity End Date:** 02/03/2012
- **Primary Sales Rep:**

**Company Logo**
## Approved MSRP Documentation – Catalog Page

### SOLID SEATS

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<th>Part Number</th>
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## Approved MSRP Documentation – Website

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x2

http://search.sunrisemedical.com/xampp/search/attributesearch/searchinput_menu.php?loc=...
Repair and Replacement

• IHCP does not cover payment for maintenance charges of properly functioning equipment

• IHCP does not authorize replacement of medical equipment more than once every five years per member
  o More frequent replacement is allowed only if there is a change in member’s medical needs that is documented in writing and significant enough to warrant a change in equipment; such requests require PA

• A long-term care (LTC) facility’s per diem rate includes repair costs for equipment
Repair and Replacement

• Repair of purchased equipment may require prior authorization based on HCPCS codes
• IHCP does not pay for repair of equipment still under warranty
• IHCP does not authorize payment for repair necessitated by member misuse or abuse, whether intentional or unintentional
• Rental provider is responsible for repairs to rental equipment
DME in LTC Facilities

- DME for usual care and treatment of members in LTC facilities, and associated repairs, are reimbursed by IHCP in the facility’s per diem rate and may not be billed to Medicaid by the facility, pharmacy, or other provider.

- LTC facilities include skilled nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), and comprehensive rehabilitation facilities for the developmentally disabled (CRFs/DD).

- Non-standard or custom/special equipment and its associated repair costs may be billed separately to IHCP for LTC facility members, subject to PA.

- PA requests for separate reimbursement of this DME for LTC facility members will be considered on a case-by-case basis.
Code Sets and Fee Schedules
DME/HME Provider Code Sets

- DME/HME provider Code Sets identify procedure codes that are appropriate for reimbursement by DME providers.
- Providers must ensure that they are enrolled under the correct provider specialty with IHCP.
- Code Sets are available on indianamedicaid.com:
  - DME Code Set
  - HME Code Set
### Durable Medical Equipment (DME) Code Set

**DME Providers (250)**  
Last Updated March 25, 2013

A listing on this table does not necessarily indicate coverage. Please refer to the IHCP newsletters, bulletins, and bulletins and the IHCP Fee Schedule for update to coverage and benefits information.

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<tr>
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<td>NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION, SINGLE DETERMINATION</td>
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<td>94762</td>
<td>NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION, BY CONTINUOUS OVERNIGHT MONITORING</td>
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<td>94772 TC</td>
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<td>SYRINGE WITH NEEDLE, STERILE 2CC, EACH</td>
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<td>SYRINGE WITH NEEDLE, STERILE 3CC, EACH</td>
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<td>SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH</td>
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<td>A4210</td>
<td>NEEDLE-FREE INJECTION DEVICE, EACH</td>
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<td>A4211</td>
<td>SUPPLIES FOR SELF INJECTION</td>
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<tr>
<td>A4212</td>
<td>NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER</td>
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Fee Schedule

INDIANA MEDICAID for Providers

WELCOME
Welcome to the Indiana Health Coverage Programs (IHCP) provider Web site. On this site, you will find complete program information and requirements, as well as online access to enroll as a provider, submit and check claims, verify member eligibility, register for provider training, and much more. If you have questions, comments, or suggestions, please take a few minutes to provide us with Web Site Feedback (Contact Us - Web Site Feedback) - or talk to your IHCP Provider Relations representative.

NEWS AND ANNOUNCEMENTS
Time frame for enrolling in HIP dental provider network extended to June 30, 2015
05/21/2015 - In Indiana Health Coverage Programs (IHCP) Provider Bulletin BT201008, dated February 5, 2015, currently enrolled IHCP dental providers were given until April 30, 2015, to complete the provider enrollment and credentialing process with DeltaQuest in order to participate in the Healthy Indiana Plan (HIP) dental provider network. The IHCP is extending that grace period through June 30, 2015.

Publication of nursing facility rates pending
05/19/2015 - The nursing facility reimbursement rates for the quarter beginning July 1, 2015, are still being finalized. The rates will be finalized and posted on the Myers and Stauffer website by July 1, 2015. See the Public Notices page of the Myers and Stauffer LC website at in.msc.com.
## IHCP Fee Schedule - Search

**Search by Procedure Code**
Enter a Procedure Code in the text box provided and press the Submit button to start your query. You may also enter up to 4 modifiers to further refine your query.

![Procedure Code: E2609](#)  
Modifiers: [ ] [ ] [ ] [ ]  
Submit

* Code values are described on the Fee Schedule Instructions page.

View ASC Code Pricing information by clicking on the ASC Code, or you can view the entire ASC Pricing Table.
View a chart of reimbursement percentages for manually priced CPT codes with effective dates for UB-04.
View a chart of reimbursement percentages for manually priced CPT codes with effective dates for CMS-1500.

<table>
<thead>
<tr>
<th>Procedure Code</th>
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<th>Mod 2</th>
<th>Mod 3</th>
<th>Mod 4</th>
<th>Mod 5</th>
<th>Taxonomy Code</th>
<th>Program Coverage</th>
<th>Program PA</th>
<th>Pricing/Program Indicator</th>
<th>Pricing Effective Date</th>
<th>Pricing End Date</th>
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Units Min: 0  
Units Max: 0  
Fee Schedule Amt: $0.00  
Anesthesia Base Unit: 0  

Procedure Desc: CUSTOM FABRICATE W/C CUSH  
Modified Desc:
Prior Authorization
Prior Authorization Requirements

• PA is not required for reimbursement of medical supplies unless they are requested by an out-of-state supplier

• PA is required for capped rental items, selected inexpensive or other routinely purchased items, and oxygen equipment

• PA requests for DME shall be reviewed on a case-by-case basis by the contractor using all of the following criteria:
  o Item must be medically reasonable and necessary, as defined in 405 IAC 5-2-17, for treatment of an illness or injury or to improve member’s functional level
  o Anticipated period of need plus cost of item will be considered in determining whether item shall be rented or purchased
  o This decision will be based on least expensive option available to meet member’s needs
Examples of DME Requiring Prior Authorization

- Hospital beds
- Wheelchairs
- Ventilators
- Heated and non-heated humidifiers
- Oxygen and oxygen equipment
- Patient lifts
- Power seating systems
- Cranial orthosis molding helmet
- Bone-growth stimulators
- Enteral nutrition
DME Requiring Certificate of Medical Necessity

- Augmentative communication devices
- Oxygen equipment
- Enteral nutrition, and parenteral and enteral nutrition pumps
- Hearing aids
- Hospital beds
- Motorized and non-motorized wheelchairs
- Standers
- Negative pressure wound therapy (NPWT) devices
- Transcutaneous electrical nerve stimulation (TENS) units
Description of Service: Medical Supplies

Medical and surgical supplies are:

• Disposable items that are not reusable and must be replaced on a frequent basis
• Used primarily and customarily to serve a medical purpose
• Generally not useful to a person in absence of an illness or injury
• Covered only for treatment of a medical condition
Medical Supplies

Examples of medical supplies reimbursed by IHCP:

- Antiseptics and solutions
- Bandages and dressing supplies
- Gauze pads
- Catheters
- Incontinence supplies
- Irrigation supplies
- Diabetic supplies
- Ostomy supplies
- Respiratory supplies
- Tracheotomy supplies
Incontinence Supplies

- IHCP will pay claims for incontinence supplies from one of these two providers only:
  - Binson’s Home Health Care Centers
  - J & B Medical

For additional details, refer to IHCP Bulletin BT201402
Medical Supplies

- Medical supplies that are included in facility reimbursement or that are otherwise included as part of reimbursement for a medical or surgical procedure are not separately reimbursable.
- All covered medical supplies, whether for routine or non-routine use, are included in *per diem* for nursing facilities, even if facility does not include cost of medical supplies in facility cost reports.
Common Error Codes
## Top Billing Error Codes for DME (March-May 2015)

<table>
<thead>
<tr>
<th>Error Code</th>
<th>Error Description</th>
<th>Num. of Denials</th>
</tr>
</thead>
<tbody>
<tr>
<td>226</td>
<td>Referring LPI/NPI missing</td>
<td>94,388</td>
</tr>
<tr>
<td>593</td>
<td>Medicare denied detail</td>
<td>14,156</td>
</tr>
<tr>
<td>558</td>
<td>Coinsurance/deductible amount missing</td>
<td>11,744</td>
</tr>
<tr>
<td>4209</td>
<td>No pricing segment for procedure code/modifier comb.</td>
<td>10,300</td>
</tr>
<tr>
<td>4021</td>
<td>Procedure code vs. program indicator</td>
<td>7,822</td>
</tr>
<tr>
<td>4033</td>
<td>Invalid procedure code/modifier combination</td>
<td>7,757</td>
</tr>
<tr>
<td>217</td>
<td>NDC missing</td>
<td>6,272</td>
</tr>
<tr>
<td>5001</td>
<td>Exact duplicate</td>
<td>4,819</td>
</tr>
<tr>
<td>6000</td>
<td>Manual pricing required</td>
<td>4,244</td>
</tr>
<tr>
<td>2034</td>
<td>Medical supplies &amp; DME covered in LTC facility per diem</td>
<td>3,877</td>
</tr>
</tbody>
</table>
Timely Filing Limitations
Documentation to waive timely filing limits

Commonly accepted documentation for waiving timely filing limit:

• A print-screen of the Web interChange Claim Inquiry screen, showing all the previous submission attempts
• Dated paper RAs with bills, dated claim forms, dated letters to and from insurers or the insured
• Dated explanations of benefits (EOBs) from the primary insurer
• Written Inquiry responses, Indiana Prior Review and Authorization Request Decision Forms, dated letters and emails to and from the county Division of Family Resources (DFR) offices and the member
Timely Filing Limitations

Initial claims must be filed within one year from the date services are rendered.

The one-year timely filing limit is extended in the following circumstances:

- member’s eligibility is effective retroactively
- prior authorization (PA) for a service is approved retroactively
- IHCP policy change is effective retroactively
- third-party payer notification is delayed

*If claim submissions all denied for the same reason and no changes were made, refiling the claims will not extend the filing limit.*

*Reference BT201561 or additional information on filing limits and appeal processes.*
# Preferred Diabetic Supply List (PDSL)

<table>
<thead>
<tr>
<th>Blood glucose monitor</th>
<th>Corresponding test strip</th>
<th>Manufacturer</th>
<th>Customer Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>FreeStyle Lite System Kit</td>
<td>FreeStyle Lite Test Strips</td>
<td>Abbott Diabetes Care</td>
<td>1-888-522-5226</td>
</tr>
<tr>
<td>FreeStyle Freedom Lite System</td>
<td>FreeStyle Lite Test Strips</td>
<td>Abbott Diabetes Care</td>
<td>1-888-522-5226</td>
</tr>
<tr>
<td>FreeStyle InsuLinx Meter</td>
<td>FreeStyle InsuLinx Test Strips</td>
<td>Abbott Diabetes Care</td>
<td>1-888-522-5226</td>
</tr>
<tr>
<td>Precision Xtra Meter</td>
<td>Precision Xtra Test Strips</td>
<td>Abbott Diabetes Care</td>
<td>1-888-522-5226</td>
</tr>
<tr>
<td>Accu-chek Aviva Care Kit</td>
<td>Accu-chek Aviva and Accu-chek Aviva Plus Test Strips</td>
<td>Roche Diagnostics</td>
<td>1-888-803-8934</td>
</tr>
<tr>
<td>Accu-chek Nano Smartview Meter</td>
<td>Accu-chek Smartview Test Strips</td>
<td>Roche Diagnostics</td>
<td>1-888-803-8934</td>
</tr>
</tbody>
</table>
PDSL Billing

- Professional claims, including paper *CMS-1500*, electronic 837P, and Medicare crossover claims for blood glucose monitors and diabetic test strips, must be submitted to *fee-for-service (FFS)* medical benefit for all *Indiana Medicaid and HIP members*

- Claims for following procedure codes require National Drug Code (NDC) or NDC and modifier, depending on vendor of product being dispensed:
  - E0607 – *Home blood glucose monitor*
  - A4253 – *Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips*
PDSL Billing

• Claims billed for an NDC included on the PDSL do not require addition of modifier U1
  o If modifier U1 is included with a preferred blood glucose monitor or diabetic test strip NDC, claim will be denied for edit 4300 – *Invalid NDC-to-procedure code combination*

• Claims billed for a blood glucose monitor or diabetic test strip **not listed** on the PDSL require the addition of modifier U1, along with the NDC and appropriate procedure code
  o Claims billed for an NDC not on the PDSL are denied with edit 4300 – *Invalid NDC-to-procedure code combination when modifier U1 is not included*
Casting supplies, continuous passive motion exercise device

• IHCP allows reimbursement for cast supplies in conjunction with the initial fracture care service

• IHCP allows cast supplies when billed in conjunction with the application of a cast, strap, or splint, when billing CPT codes 29000 through 29799, when applied initially, without restorative fracture care, or when applied as a replacement when restorative care has been previously provided

• For Continuous Passive Motion (CPM) devices, providers should bill using appropriate HCPCS procedure code with RR modifier:
  o E0935 – Continuous passive motion exercise device for use on knee only
  o E0936 – Continuous passive motion exercise device for use other than knee
CPAP Systems

- Effective September 1, 2015, IHCP revised criteria for coverage of continuous positive airway pressure (CPAP) systems (see IHCP Bulletin BT201548):
  - A diagnosis of obstructive sleep apnea (OSA) with an apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) equal to or greater than 15 events per hour, documented in a recorded polysomnography
  - A diagnosis of OSA with an AHI or RDI from 5 to 14 events per hour documented in a recorded polysomnography with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, or hypertension, ischemic heart disease, or history of stroke
  - A diagnosis of moderate or severe OSA in a member for whom surgery is a likely alternative to CPAP
Defibrillators

- IHCP covers two types of automatic external defibrillators (AEDs) with PA for individual use:
  - E0617 – *External defibrillator with integrated electrocardiogram analysis and wearable cardioverter defibrillator*
  - K0606 – *Automatic external defibrillator, with integrated electrocardiogram analysis, garment type*
- Indicated for members who normally are candidates for an implanted cardioverter defibrillator (ICD), but for whom an ICD is contraindicated or needs to be removed
- Members use these devices for an average of two to three months
Humidifiers

• IHCP covers a non-heated (E0561) or a heated (E0562) humidifier for use with a noninvasive respiratory assistive device (RAD) (E0470 and E0471) or a CPAP (E0601), when ordered by a physician, based on medical necessity, and subject to prior authorization.

• Physician documentation must indicate that member is suffering from nosebleeds, extreme dryness of upper airways, or other conditions that interfere with compliance or use of the RAD or a CPAP, and that the humidifier could improve this condition.
Nonsterile Gloves (A4927)

• IHCP limits procedure code A4927- Nonsterile gloves, per 100 to five units per month
• Reimbursable only when used by patient, family, or other nonpaid caregiver
• Medical necessity may include:
  o Bowel program requiring manual evacuation
  o Ostomy care program
  o Wound care program
Sterile Gloves

- Sterile gloves are reimbursable when medically necessary using procedure code A4930 – *Gloves, sterile, per pair*
- Sterile gloves are often included in sterile procedure kits, such as catheter insertion kits and suture removal kits
- Items in these kits are not billed separately
Orthopedic or Therapeutic Footwear

- IHCP reimburses members of all ages for the following:
  - Corrective features built into shoes, such as heels, lifts, wedges, arch supports, and inserts
  - Orthopedic footwear, such as shoes, boots, and sandals
  - Orthopedic shoe additions
- If a member currently has a brace, IHCP covers shoes and supportive devices if a provider documents continued medical necessity
- IHCP covers therapeutic shoes for members with severe diabetic foot disease
Orthopedic or Therapeutic Footwear

- IHCP policy mirrors Medicare’s coverage of inserts and diabetic shoes
- IHCP allows for one of the following:
  - One pair of custom-molded shoes (A5501) and two additional pairs of inserts (A5512 or A5513)
  - One pair of depth shoes (A5500) and three pairs of inserts (A5512 or A5513)
  - A5513 is limited to two inserts per date of service per rolling 12-month period
  - Member is eligible for a total of three pairs of inserts each calendar year
Oximetry

• Billing parameters for oximetry:
  o PA not required
  o Use procedure code 94762 – *One unit of service equals one day for billing oximetry service on a daily basis, up to and including a maximum of eight units of service per month*
  o Use HCPCS code E0445 RR – *One unit of service equals one month for billing oximetry service monthly, such as more than eight units per month*
  o Purchase of an oximetry system, E0445 NU, is appropriate for an expected long-term need where cost to purchase system is less than expected monthly rental charges
Phototherapy (bilirubin light)

• Billing parameters for phototherapy:
  o PA not required
  o One unit of service equals one day; this service is limited to 15 units per lifetime of member
  o Use procedure code E0202 RR
Other DME, HME, Medical Supplies

- Cranial remolding orthosis
- Home infusion - parenteral and enteral therapy
- Mail-order incontinence, ostomy, and urological supplies
- Osteogenic bone growth stimulators
- Ultrasound stimulator
- Oxygen, home oxygen equipment, portable oxygen systems
- Nebulizer with compressor
- Pneumograms

- Prosthetic devices
- ThAIRapy vest
- Trend event monitoring and apnea monitors
- Ventricular assist devices
- Wheelchairs
Find Help
Helpful Tools
Avenues of resolution

• IHCP website at indianamedicaid.com
• IHCP Provider Manual
• Customer Assistance
  - 1-800-577-1278
• Written Correspondence
  - HP Provider Written Correspondence
    PO Box 7263
    Indianapolis, IN 46207-7263
• Provider field consultant
  - View a current territory map and contact information online at indianamedicaid.com
Q&A